

DATE FORWARDED TO NEXT DEPT.

Date

Initials



DEPARTMENT

City Comptroller

Law

Community Development

City of Springfield Contract Tracer Document

The purpose of this document is to provide continuous responsibility for the custody of **CONTRACTS** during the processing period.

DATE RECEIVED

Initials

INSTRUCTIONS: Upon receipt, please initial and write in the date of receipt. When your department has approved and signed the contract, please initial and date in the forwarding section and deliver to the next department.

Date

4/22/11

CAFO	HAP	4/27/16	there	4/29/16,			
Mayor	Of	4/29/16	ich	4/29/16			
City Comptroller	9	// //	Klu	5/9/16			
Community Development							
		Contract Dat					
Contract Amt.: \$3,340.00 Issue Date: 04/22/16 Renewal Date:							
Appropriation Code1: 26 Appropriation Code2: Appropriation Code3: Appropriation Code4:	5401827-53010	95-64014					
Description of Funding Source: CDBG-DR							
Bid No.:	Requisition No.: 16013498 PO No.:						
Vendor Name: Llata Belvin							
Contract Type: CDBG-I	OR Home Repa	ir Loan					
Contract Purpose: Rehabiliation of 48 Collins Street.							
Originating Dept.: Community Development							
Expiration Date:	Amendm	ent Date:	Extension Date	:			
TYPE OF DOCUMENT (Please select at least one): New Renewal Amendment Extension							



Bill To COMMUNITY DEVELOPMENT 1600 EAST COLUMBUS AVE

Requisition 16013498-00 FY 2016

Acct No: 26401827-530105-64014

Review: Buyer: lpl

Status: Released

Page 1

Vendor LLATTA BELVIN 48 COLLINS STREET

SPRINGFIELD, MA

01103

Ship To DISASTER RECOVERY 4TH FLOOR 36 COURT STREET

ROOM 405/411 SPRINGFIELD, MA

SPRINGFIELD, MA 01109

MLYNCH@SPRINGFIELDCITYHALL.COM

C#20160983

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department		
04/22/16	015209		1	COMMUNITY DEVELOPMENT			
LN Descript	ion / Acc	ount		Qty	Unit Price	Net Price	

General Notes

CDBG-DR HOME REPAIR LOAN 48 COLLINS STREET.

OO1 CDBG-DR HOME REPAIR LOAN 48

COLLINS STREET

1.00
EACH EACH

3340.00000

3340.00

1 26401827-530105-64014

3340.00

Ship To DISASTER RECOVERY 4TH FLOOR 36 COURT STREET ROOM 405/411 SPRINGFIELD, MA

Requisition Link

Requisition Total

3340.00

Remaining Budget 785920.43

**** General Ledger Summary Section ****

Account 26401827-530105-64014

DISASTER RECOVERY-HOUSING

Amount 3340.00

PROFESSIONAL SERVICES

**** Approval/Conversion Info ****
Activity Date Clerk

04/22/16

Cathy Buono Melanie Acobe

Queued Pending Christopher Fraser Mitchell Doty Jennifer Whisher Pending Pending Pending Pending Yuan Fenq

Comment



WRITTEN AGREEMENT

Now, therefore, the Grantee has an option to recoup assistance used on the above described property upon the terms, conditions and contingencies herein set forth.

Owner Occupancy

Homeowner agrees that if during the five years the Homeowner uses the property as (1) an investment property or (2) the Homeowner uses the Property as a recreational house or "second" home, then the Grantee may require immediate payment in full of the entire loan amount provided by the Grantee.

Homeowner agrees that if during the five years he/she/they sell part or all of the property without Grantee's prior written consent then the Grantee may require payment in full the amount of the loan outstanding at time of sale.

Insurance Proceeds and Federal Benefits

Homeowner agrees that if he/she receives further insurance proceeds and/or federal benefits for rehabilitation, repairs or reconstruction to their primary residence in connection with June 2011 Tornado, the homeowner will report receiving benefits by emailing spham@springfieldcityhall.com or calling 413-784-7883 within one {1} month of receipt of additional proceeds and/or benefits. If homeowner fails to report additional insurance proceeds and/or federal benefits, then Grantee may require immediate repayment infull of the entire loan amount provided by the Grantee.

Income Eligibility

Homeowner certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Homeowner's eligibility to receive CDBG funds.

Enforcement

The Homeowner and the grantee acknowledge that the grantee has the right and responsibility to enforce this agreement.

Whereas, if the Homeowner does not violate any of the terms listed in this agreement, then this agreement will be considered paid in full on the formula of the Note will be released.

(5 years)

(LB)

Chief Administrative Financial Officer

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number
Street Address Only: 48 Collins Stock
City/State/Zip Code: Springfuld MA 01109
Telephone Number: Email: Continue South 11.
List address(es) of all other property owned by company in Springfield: 48 Collans Street Add M.
Name of Individual: Latta T. Belum
You must complete the following certifications and have the signature(s) notarized on the lines below.
FEDERAL TAX CERTIFICATION
I, Latta T. Bellow certify under the pains and penalties of perjury that I, to my best knowledge and belief, have complied with all United States Federal faxes required by law.
Signature Date: 41414
CITY OF SPRINGFIELD TAX CERTIFICATION
I, Latta J. Belive certify under the pains and penalties of perjury that I, to my best knowledge and belief, have complied with all City of Springfield taxes required by law. Date:
COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION
Pursuant to M.G.L. c. 62C '49A, I, certify under the pains and penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and have complied with all state taxes required by law. Litta J. Boliva Date: Date: Date:
then personally appeared before me [name] Latta, T. Belv in Ititle Borrover / Owner
Then personally appeared before me [name]
Notary Public LAURA M. MARINO
My commission expires: Notary Public Notary Public Notary Public Notary Public COMMONWEALTH OF MASSACHUSETTS My Commission Expires
YOU MUST FILL THIS FORM OUT COMPLETELY AND May 4 2018
YOU MUST SUBMIT THIS FORM WITH YOUR CLOSING DOCUMENTS.